

FORM RRC-1
REV 5-351STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
Unemployment Compensation
Montgomery, Alabama 36131

NOTICE OF DETERMINATION OF OVERPAYMENT

HOUSTON/SAMUEL PETER
765 CORONADO CIRCLE
CRESTVIEW FL 32539 00000

SOCIAL SECURITY NUMBER	
262-27-9543	
DATE BENEFIT YEAR BEGAN	
03/13/05	
PROGRAM CODE	
01	
DATE	O/C
08/15/05	0900
CLAIMS INQUIRY LINE	
334-242-8625	

Weeks Overpaid and Amount of Overpayment

FIRST WEEK 03/19/05 LAST WEEK 03/19/05 AMOUNT OVERPAYMENT \$220.00

An overpayment determination has been made on your unemployment claim that you have received benefit payments to which you were not entitled due to the reason(s) checked on this determination. It has been made that you did or did not make a false statement to obtain benefits from the Department of Industrial Relations RECORDS.

- ☐ Paid benefits during a disqualification period or ineligible period.
- ☐ Revision in base period wages resulted in a reduced weekly entitlement.
- ☐ Earnings, pension, or other income were not deducted.
- ☒ Other

AUG 28 2006

- ☐ It has been determined that you did willfully make a false statement, or representation, or did willfully fail to disclose a material fact to obtain, or increase benefits. Therefore, under the provisions of Section 25-4-145(a)(3) of the Alabama Unemployment Compensation Law, a penalty of \$_____ will be deducted from any benefits to which you may become entitled during your present or next benefit year.
- ☒ It has been determined that you did not willfully make a false statement or representation, or willfully fail to disclose a material fact to obtain or increase benefits.

Neil Smart, Jr.
Representative of record

Any questions concerning the amount of the overpayment should be directed to the Claims Inquiry Line listed above. The amount of the overpayment for the weeks covered by this decision must be repaid within (30) days after this determination has become final. Write your social security number on all payments submitted by money order, certified check, or cashier's check. Checks should be made payable to the Department of Industrial Relations. Any changes in your address or telephone number should be reported promptly in writing. Mail payments and address changes to: Benefit Payment, Control, Unemployment Compensation Division, Industrial Relations Building, Room 4676, 649 Monroe St, Montgomery, AL 36131. (Do not forward cash through the mail).

APPEAL RIGHTS: If you do not agree with this notice of determination of overpayment, you may only appeal the amount of the overpayment. Your appeal is limited solely to the amount of the overpayment, the penalty, and the determination of whether you did or did not willfully make a false statement to obtain benefits. Unless your appeal is received within fifteen (15) calendar days from the date this notice was mailed or within seven (7) calendar days from the date this notice was delivered to you, this determination of overpayment will become final.

You may file your appeal in writing by mailing your personal letter to the Hearings and Appeals Division, Department of Industrial Relations, Industrial Relations Building, Room 4677, 649 Monroe Street, Montgomery, AL 36131. You must continue to file weekly claims pending the outcome of any appeal as long as you are unemployed. Your social security number must appear on all correspondence.

Requests for consideration of waiver of repayment of overpayment must be received in writing and cannot be considered until all appeal rights have become final. A decision to not waive repayment of overpaid benefits when allowed by State law may be appealed to the appellate tribunal on its own merits. Repayment of overpaid benefits cannot be waived if overpayment is based on the fault of the claimant.

ESTABLISHED DATE 08/15/05

(SEE REVERSE FOR PERTINENT SECTIONS OF THE LAW)

Sam Houston v. L3
Communications
877

STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
Unemployment Compensation
Montgomery, Alabama 36131

NOTICE OF DETERMINATION OF OVERPAYMENT

HOUSTON/SAMUEL PETER
765 CORONADO CIRCLE
CRESTVIEW FL 32539 00000

SOCIAL SECURITY NUMBER	
262-27-9543	
DATE BENEFIT YEAR BEGAN	
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DATE	OTC
08/15/05	0900
CLAIMS INQUIRY LINE	
334-242-8625	

Weeks Overpaid and Amount of Overpayment

FIRST WEEK 04/02/05 LAST WEEK 04/02/05 AMOUNT OVERPAYMENT \$220.00

An overpayment determination has been made on your unemployment claim that you have received benefit payments to which you were not entitled due to the reason(s) check **DEPT OF INDUSTRIAL RELATIONS RECORDS** has been made that you did or did not make a false statement to obtain benefits.

- ☐ Paid benefits during a disqualification period or ineligible period.
- ☐ Revision in base period wages resulted in a reduced weekly entitlement.
- ☐ Earnings, pension, or other income were not deducted.
- ☒ Other

AUG 8 2006

- ☐ It has been determined that you did willfully make a false statement, or representation, or did willfully fail to disclose a material fact to obtain, or increase benefits. Therefore, under the provisions of Section 25-4-145(a)(3) of the Alabama Unemployment Compensation Law, a penalty of \$_____ will be deducted from any benefits to which you may become entitled during your present or next benefit year.
- ☒ It has been determined that you did not willfully make a false statement or representation, or willfully fail to disclose a material fact to obtain or increase benefits.

Any questions concerning the amount of the overpayment should be directed to the Claims Inquiry Line listed above. The amount of the overpayment for the weeks covered by this decision must be repaid within (30) days after this determination has become final. Write your social security number on all payments submitted by money order, certified check, or cashier's check. Checks should be made payable to the Department of Industrial Relations. Any changes in your address or telephone number should be reported promptly in writing. Mail payments and address changes to: Benefit Payment Control, Unemployment Compensation Division, Industrial Relations Building, Room 4676, 649 Monroe St, Montgomery, AL 36131. (Do not forward cash through the mail).

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ESTABLISHED DATE 08/15/05

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STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
Unemployment Compensation
Montgomery, Alabama 36131

NOTICE OF DETERMINATION OF OVERPAYMENT

HOUSTON/SAMUEL PETER
765 CORONADO CIRCLE
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DATE	DIC
08/15/05	0900
CLAIMS INQUIRY LINE	
334-242-8625	

Weeks Overpaid and Amount of Overpayment

FIRST WEEK 04/16/05 LAST WEEK 06/25/05 AMOUNT OVERPAYMENT \$2420.00

An overpayment determination has been made on your unemployment claim that you have received copy of ALA. benefit payments to which you were not entitled due to the reason(s) checked below. A determination has been made that you did or did not make a false statement to obtain benefits. DEPT OF INDUSTRIAL RELATIONS RECORDS.

- ☐ Paid benefits during a disqualification period or ineligible period.
- ☐ Revision in base period wages resulted in a reduced weekly entitlement.
- ☐ Earnings, pension, or other income were not deducted.
- ☒ Other

AUG 28 2006

- ☐ It has been determined that you did willfully make a false statement, or representation, or did willfully fail to disclose a material fact to obtain, or increase benefits. Therefore, under the provisions of Section 25-4-145(a)(3) of the Alabama Unemployment Compensation Law, a penalty of \$_____ will be deducted from any benefits to which you may become entitled during your present or next benefit year.
- ☒ It has been determined that you did not willfully make a false statement or representation, or willfully fail to disclose a material fact to obtain or increase benefits.

Neil Smart, Jr.
CUSTODIAN OF RECORDS

Any questions concerning the amount of the overpayment should be directed to the Claims Inquiry Line listed above. The amount of the overpayment for the weeks covered by this decision must be repaid within (30) days after this determination has become final. Write your social security number on all payments submitted by money order, certified check, or cashier's check. Checks should be made payable to the Department of Industrial Relations. Any changes in your address or telephone number should be reported promptly in writing. Mail payments and address changes to: Benefit Payment Control, Unemployment Compensation Division, Industrial Relations Building, Room 4676, 649 Monroe St, Montgomery, AL 36131. (Do not forward cash through the mail).

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(REV 5-95)STATE OF ALABAMA
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Unemployment Compensation
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CLAIMS INQUIRY LINE	
334-242-8625	

Weeks Overpaid and Amount of Overpayment

FIRST WEEK 07/09/05 LAST WEEK 07/30/05 AMOUNT OVERPAYMENT \$880.00

An overpayment determination has been made on your unemployment claim that you have received benefit payments to which you were not entitled due to the reason(s) checked below. A determination has been made that you did or did not make a false statement to obtain benefits. **CERTIFIED AND TRUE COPY OF ALA. DEPT OF INDUSTRIAL RELATIONS RECORDS.**

- ☐ Paid benefits during a disqualification period or ineligible period.
- ☐ Revision in base period wages resulted in a reduced weekly entitlement.
- ☐ Earnings, pension, or other income were not deducted.
- ☒ Other

AUG 28 2006

☐ It has been determined that you did willfully make a false statement, or representation, or did willfully fail to disclose a material fact to obtain, or increase benefits. Therefore, under the provisions of Section 25-4-145(a)(3) of the Alabama Unemployment Compensation Law, a penalty of \$_____ will be deducted from any benefits to which you may become entitled during your present or next benefit year.

☒ It has been determined that you did not willfully make a false statement or representation, or willfully fail to disclose a material fact to obtain or increase benefits.

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ESTABLISHED DATE 08/15/05

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Sam Houston v. L3
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